New Jersey Department of Health and Senior Services Consumer and Environmental Health Services Food and Drug Safety Program P.O. Box 369 Trenton, NJ 08625-0369

Check/MO No. Amount Tendered \$__ Telephone: 609-588-3123 Fax: 609-588-3135 Processor _ **APPLICATION FOR CERTIFICATE OF FREE SALE (CFS)** Date Rec'd ___

FOR STATE USE ONLY

Name of Company			NJDHSS License or Registration Number	
Street Address			Telephone Number ()	
City	Zip Code	Email Address		
☐Yes ☐ No	cate of Free Sale under embargo, seizure (Attach additional sheet, if necessary.)	e or other restraint?		
 NJDHSS License or Current date of insp (in the case of a Drug.) Type of establishmen Name under which (solutions) Location of licensed List of products to b 	ection by the New Jersey Department of Hog Company). Int: Food, Drug or Cosmetic establishment. Destablishment is licensed. Destablishment where products are manufate certified. Destablishment where by the New Jerse	ealth and Senior Servinctured or distributed. y Department of Healt		vices.
Certificates Requested	Number of Products Per Certif		This Fee	Total
	CFS (3 or less items)		\$50.00	\$
	CFS (4 through 9 items)		\$75.00	\$
	CFS (10 through 25 items)		\$100.00	\$
	G.M.P. Certificate		\$50.00	\$
	CFS that Attests to the Sanitation		\$50.00	\$
	←Total Number of CFS Enclosed		Grand Total→	\$
other checks suc	nclose a separate check for the above ch as to the NJ State Treasurer or the oplication form along with check, to the a	Mercer County Cler		
Signature		Date Telephone Number ()		



State of New Jersey DEPARTMENT OF HEALTH AND SENIOR SERVICES

CONSUMER AND ENVIRONMENTAL HEALTH SERVICES PO BOX 369 TRENTON, N.J. 08625-0369

www.nj.gov/health

CERTIFICATE OF FREE SALE

		_ by a representative of this Department of the sanitary
		at said establishment was in a sanitary condition and was
being operated in compliance with the provisions	•	pepartment.
THIS IS TO FURTHER CERTIFY that the	ie following product(s).	
distributed by		, are labeled
		are sold throughout New Jersey and the United State of
America.		
	BELOW IS FOR STATE USE	ONLY
Output and an advanced to be form and the		
Subscribed and sworn to before me this		
day of, 20	<u></u>	
Notary Public of the State of New Jersey		
MY COMMISSION EXPIRES:	<u></u> :	Ву